



Official

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of)	
Weissman et al.) For:	IMPROVED DIVERSITY
)	COVERAGE
Serial No.: 09/892,365)	
)	i
Filed: June 26, 2001)	
) Group No.	2683

RESPONSE TO OFFICE ACTION

Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450

Attention:

Examiner Marcos L. Torres

Dear Examiner:

In response to the Official Action dated April 22, 2003, please enter and consider the following remarks:

I hereby certify that this correspondence is being sent via facsimile to the Commissioner for Patents, P.O. Box 1420, Alexandria, VA 22313-1450; on:

> July 22, 2003 (Date of Deposit)

(Name of the Person Making Deposit)

(Signature) July 22, 2003

(Date of Signature)

[000298C1]

1

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5775 Morehouse Drive, San Diego, California 92121-2779 (858) 845-8450 Fax: (858) 658-2502

Facsimile Transmittal

DATE:

July 22, 2003

TO:

Examiner Marcos L. Torres

FIRM:

U.S. PATENT AND TRADEMARK OFFICE

FAX:

(703) 308 6306 872-9314

FROM:

Donald Kordich

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Application No.: 09/892,365

Number of Pages Sent: 5 (including this transmittal cover sheet)

Attached for filing please find a response to the Office Action dated April 22, 2003.

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PATENT

AMENDMENT TRANSMITTAL FORM

Commissioner for Patents P.O. Box 1450, Alexandria, VA 22313-1450

Attorney Docket No.: 000298C1 In Re Application of: Weissman et al.

Serial Number: 09/892,365 Filed: June 26, 2001 Examiner: Marcos L. Torres Group Art Unit: 2683

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application. In addition, the following documents are enclosed:
1. A Request for a () Month Extension of Time is bereby requested
2. Information Disclosure Statement (IDS):
a. Tro-1449
b. Copies of IDS Citations (number of citations:)
3. Li Change of Attorney's Address in Application.
4. Other: sheets of formal drawings.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	10	20	0	x \$18 =	\$0
Independent**	2	3	0	x \$84=	\$0
Multiple Dependent Claim(s):			\$280	\$0	
EXTENSION FEES Two Months Three Months "If the number in column a is less than 20, enter 0 in column c." "If the number in column a is less than 3, enter 0 in column c.		□ O ₁	e Month	\$110	\$0
		□ Tv	0 Months	\$410	\$0
		1 —	ree Months	\$930	\$0
		TOTAL FEE	\$0		

 5. ☐ Fee check in the amount of \$ is enclosed to pay for any claim and/or extension fees. 6. ☑ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$0. 	
any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing. The Commissioner is nereby authorized to charge payment of any additional fees which may be required, or one any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing. The Commissioner is further hereby authorized to charge to end Deposit Account No. 17-0026.	3.
to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1. to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.	16

Signature:

Date: July 22, 2003

QUALCOMM Incorporated Atm: Patent Department

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